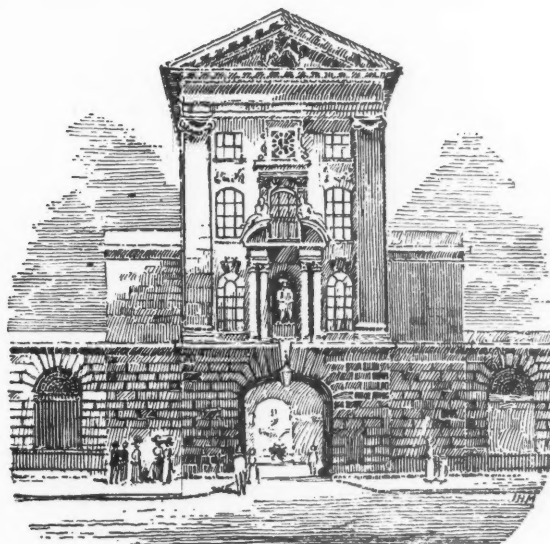


# ST BARTHOLOMEW'S HOSPITAL JOURNAL



VOL. XXXVI.—No. 10.

JULY, 1929.

[PRICE NINEPENCE.]

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# St. Bartholomew's Hospital



"Æquam memento rebus in arduis  
Servare mentem."

—Horace, Book ii, Ode iii.

## JOURNAL.

VOL. XXXVI.—No. 10.]

JULY 1ST, 1929.

PRICE NINEPENCE.

### CALENDAR.

Mon., July	1.—Special Subject: Clinical Lecture by Mr. Elmslie.
Tues., "	2.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Wed., "	3.—Tennis Match v. Royal Naval College. Home.
Fri., "	5.—Sir Percival Hartley and Mr. L. B. Rawling on duty. Swimming Match v. Old Paulines. Home.
Sat., "	6.—Cricket Match v. Chorley Wood. Away.
Tues., "	9.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Wed., "	10.—Cricket Match v. St. Anne's. Away.
Fri., "	12.—Dr. Langdon Brown and Mr. Harold Wilson on duty. Swimming Match v. Old Citizens. Home.
Sat., "	13.—Cricket Match v. Hornsey. Home. Tennis Match v. Royal Artillery. Home.
Tues., "	16.—Prof. Fraser and Prof. Gask on duty.
Wed., "	17.—Tennis Match v. Royal Naval College. Away. Swimming Match v. Old Citizens. Away.
Fri., "	19.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
<b>Last day for receiving matter for the August issue of the Journal.</b>	
Sat., "	20.—Cricket Match v. R.A.F. (Halton). Home.
Tues., "	23.—Sir Percival Hartley and Mr. L. B. Rawling on duty.
Fri., "	26.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Tues., "	30.—Dr. Langdon Brown and Mr. Harold Wilson on duty.

### EDITORIAL.

**I**T is with regret that we hear of the coming retirement of Dr. Hugh Thursfield from the Honorary Staff of the Hospital. We can only hope that his retirement from the wards will be the only severance with Hospital life that he will make.

The Birthday Honours have brought added glory to two of St. Bartholomew's men. We congratulate

Sir Humphry Rolleston, Bart., upon becoming a Grand Commander of the Victorian Order.

\* \* \*

To Dr. Robert Bridges, O.M., we offer our congratulations. His activities in the Hospital belong to days alien to the memory of most of us, but his article in the *Hospital Reports* for 1878 upon the Casualty Department may be read with pleasure and profit. The statistical analysis of the cost of H.M.S. *c* M.S. and *Haust Ferri cum Quassia* antedated the fuller researches of the London Hospital by many years. The picture of the difficulties of a casualty physician in those days is, to us pampered moderns, appalling. The prose is irrefragable.

\* \* \*

The Council of the Royal College of Surgeons has awarded the Lister Medal for 1930, for distinguished contributions to surgical science, to Dr. Harvey Cushing. We offer him our congratulations, and hope that he will pay a visit to this Hospital, of which he is a Perpetual Student, when he comes to London to give his promised address "upon some date in 1930."

\* \* \*

It is a pity that the men responsible for the more unpleasant episodes which took place at Caxton Hall the other week should be categorically designated as medical students. They may equally well be placed in categories unequivocally implying unthinking and ungentlemanly behaviour. As it is, they impose their own peculiar bad odour upon a class of which they are not typical examples.

Anti-vivisectionists are not likely to become convinced of the value of research work entailing the use of animals, if they treasure unpleasant and unrepresentative impressions of the research worker in embryo. Nothing strengthens the convictions of a sentimentalist more than prejudicial opposition.

We are asked to announce that a Post-Graduate Course in Radium Therapy will be held in the Hospital from Monday, September 30th, to Thursday, October 3rd, inclusive. The class will be limited to about thirty men, and preference will be given to those who are likely to work with radium. Particulars may be had from the Dean of the Medical College.

\* \* \*

The United Hospitals Swimming Gala will be held at the Bath Club on Tuesday, July 2nd, at 7.45 p.m., when the St. Bartholomew's v. Guy's Water Polo Final will be played.

## OBITUARIES.

### SIR WILLIAM FAIRBANK.

**S**IR WILLIAM FAIRBANK, K.C.V.O., Hon. Surgeon to His Majesty's Household at Windsor Castle, died on June 9th at Moulsey House, Windsor, in his 79th year.

He was educated at the Forest School, Walthamstow, and entered St. Bartholomew's Hospital in 1868, becoming dresser to Sir James Paget. Here he early showed proficiency in the art of dissection and was chosen a prosector at the Royal College of Surgeons of England. He obtained the licence of the Society of Apothecaries in 1872, and in the following year he was admitted a member of the Royal College of Surgeons of England.

In 1880 he was appointed Surgeon Apothecary to the Royal Household in the place left by the death of his elder brother. He soon became as much a *persona grata* as his brother, and he served the Royal Family faithfully for three generations, being created M.V.O. in 1911, and promoted C.V.O. in 1921, and K.C.V.O. in 1924. He was also made O.B.E. in 1918. Active in professional work, Sir William served for many years as Surgeon to the old Windsor Royal Infirmary, and at the time of his death was Hon. Consulting Surgeon to its successor, King Edward VII Hospital.

Dr. Fairbank was a member of the delegation of British mayors who visited the devastated regions of France, and after the "adoption" of Hardecourt-aux-Bois, on the Somme, by Windsor, he personally collected funds for the reconstruction of the village. Since that date he had visited the village annually, and his constructive interest and private benefactions, made chiefly for the restocking of orchards and gardens, so won the esteem and gratitude of the inhabitants that they renamed their village square and main street after him.

Sir William initiated and for long controlled the

St. John Ambulance Brigade of the borough, and for 39 years gave "first aid" lectures in Windsor and Slough. He was made a Knight of Grace of the Order of St. John in 1897. He was Librarian, Chairman, and President in various years of the Royal Albert Institute, Windsor, an institute largely concerned with the education and recreation of the townspeople. He was a member of the Berkshire County Council and of the Windsor Borough Council, a county and borough magistrate, Chairman of the Commissioners of Inland Revenue for Windsor and Maidenhead, and Governor of the Royal Holloway College. In all these and other positions he deserved well of the community, and is an outstanding instance of the services which educated men can render in civic life. The amount of personal trouble and interest he took in the service of his fellow-citizens was quite exceptional, but for the last four years ill-health had gradually compelled the relinquishment of active participation in one branch of service after another.

### SIR CHARLES HARDING.

Sir Charles O'Brien Harding died at Eastbourne on June 7th at the age of 70.

He was educated at Epsom College, and studied medicine at the Sussex County Hospital and at St. Bartholomew's Hospital. He captained the Rugby football team of this Hospital in the years 1882-3.

After starting a practice in Eastbourne, he served continuously on the town council until the beginning of this year. He was mayor of Eastbourne from 1915 to 1919, and for his services in the war period he received his knighthood in 1920.

He was indefatigable in his work as chairman of the local Princess Alice Hospital, and was a firm friend of the Queen Alexandra Cottage Homes. He was known, too, for his activities as a magistrate, as a fine speaker, and a citizen of Eastbourne, whose mayor has said of him: "We have had many fine men in Eastbourne, but never a finer, nobler, Christian English gentleman."

### CECIL ROBERT ALLEN THACKER, M.D.(CAMB).

The death of Dr. Thacker at the early age of 39 will be regretted by a large number of Cambridge men and by many who came in contact with him during the war. His brief career was full of promise. At Downing College, Cambridge, he obtained a first class in both parts of the Natural Science Tripos in 1911 and 1912, taking physiology in the second part. From Cambridge he went to St. Bartholomew's Hospital with the senior entrance scholarship, and further distinguished himself by winning the Kirkes Gold Medal, the Brackenbury



Scholarship, the Matthews Duncan Prize, and the Skynner Prize. In 1914 he graduated as M.B. at Cambridge, and took the M.D. degree in 1920.

His early preference toward physiology was spoiled by the war, and his attention turned to neurology. Through his work on the Medical Boards he became interested in modern psychology and particularly in psycho-analysis, in the practice of which his innate good sense and wide sympathies made him an admirable assessor of the difficult cases which came before him.

In 1918 he was elected to a Fellowship at Sidney Sussex College, where for some years he held the Taylor Lectureship. While his time was mostly taken up in supervising medical students, psycho-analysis became more and more his dominant interest. Unfortunately, just as he was preparing to devote himself to practice in what was undoubtedly his true *métier*, he was stricken down by a serious illness, which made him practically bed-ridden for several years until his death. After a long struggle he was compelled to leave England for the kindlier climate of the Riviera. Those who knew him well will always recall his charming personality, his unselfishness and loyalty, and above all the sublime courage with which he endured a distressing and unusually protracted illness.

## NEW PAINS FOR OLD.

**I**N several clinical lectures recently I have tried to lay down certain general principles as to the aetiology of psychoneuroses. To-day I want to try to provide a rational explanation of the numerous pains of which the psychoneurotic so often complains.

Whereas nerves of discriminative sensibility have special end-organs, afferent nerves which only convey sensations of pain end in free arborizations, but if stimulation is increased in strength any sensory nerve can convey painful sensations. The specialized end-organ at the same time increases accessibility to one specific stimulus while diminishing it to all others. The sensation of pain is more difficult to evoke than the others—it has a higher threshold—but when this is reached it produces a sudden and explosive reaction. The end-organ, on the other hand, permits of that quiet sensory atmosphere in which alone deliberation and discrimination are possible (Trotter).

Painful sensations reach and are recorded in the optic thalamus. The cerebral cortex can exercise a varying degree of attention to the impressions received through the optic thalamus. When the discriminative fibres

of the epicritic system are out of action we know that the impulses transmitted by the protopathic fibres produce an exaggerated sensation of pain. In other words, our cerebral cortex normally damps down our painful impressions by not paying attention to them. An extreme example of this is seen in the lack of pain following the infliction of a wound during the excitement of battle when the attention of the cortex is directed elsewhere. On the other hand, fatigue and insomnia may greatly increase the sensitiveness to pain. Trotter maintains that everyone in the course of a day experiences quite severe pain in some part or other of the body, but forgets it. It is one of the most blessed things about the human mind that normally it forgets past pain so quickly. But in the type of case I am going to consider, for reasons which I shall give, an entirely undue amount of attention is given to sensory impressions, and the threshold is so far lowered that ordinary sensations amount to pain.

A distinguished physician of the last generation, a very human and humorous individual, and devout withal, suffered from a series of ischio-rectal abscesses. I remember that he said he wished it had pleased the Almighty to afflict him in some place he might have talked about. He belonged to the last generation; to-day much more intimate anatomical and physiological details are subjects of conversation in mixed society; but there is still something that most people prefer to keep secret, and that is their emotional, instinctive selves. When hurt there, however, they would like to be able to make a bid for sympathy. It is much simpler to appeal for that sympathy, whether from others or from themselves, on the ground of some physical rather than some mental pain.

Then comes the magician, offering new lamps for old—instead of the cold, clear light of reason he offers the will-o'-the-wisp of phantasy—new pains for old—and pains, thank God, which can be talked about, pains which may afford some measure of escape from a distressing environment. To recognize such substituted pains for what they are will call for much care and diagnostic skill. To take a simple instance in the first place. A woman who has brought up several children has had all her energies fully absorbed for a number of years. Child-bearing absorbs much that would otherwise go in other directions. (Two able women have independently testified to me as to the great difficulty they experienced in sustained directed thinking when they were pregnant.) In course of time the family grows up and she finds herself without any invested capital of mental interests. Then she has an illness; the family comes rushing back to the bedside; once again the household revolves about her. The lesson is learned

and advantage is taken of it, and she proceeds, in the illuminating phrase, to "enjoy ill-health."

The doctor's position is difficult: if he were to divulge his opinion he would be regarded as a hard-hearted brute who doesn't know his business. Of course gradually one other person comes to recognize the true state of affairs—the husband. But he doesn't tell, not even to the doctor, unless he is very tactfully cross-examined—and sometimes not even then. His wife may criticize him lavishly at afternoon tea-tables, but if he criticizes her at his club you may conclude he was very drunk indeed. There is a lot of quiet heroism in unsuspected places.

I am not implying that the fault is always on one side. I remember an interesting case of heroism in a woman which exactly illustrates my point. The patient was a young woman who had had an unhappy childhood; her parents quarrelled incessantly; her mother was drunken and vicious. She then had a happy time as a school-mistress, for this satisfied her evidently strong maternal instincts. She married a man much older than herself, chiefly from motives of pity. She had a great shock on finding that he was determined not to have children. He would not even allow her to have a dog. She began to suffer from severe abdominal pains.

I came to the conclusion that she was deliberately constipating herself because the resulting physical pains distracted her mind from mental pain. I taxed her with this, and having gained her confidence she told me the facts I have mentioned and admitted the point. She got very much better, and free from pain, but unfortunately became obsessed with the advantages of self-starvation. She became easier in mind, but much weaker in body. I saw her again after an interval of two years and was shocked by the change in her, but she was now quite bright and apparently happy. Asceticism had provided her with a way of escape from mental woes. She adopted the Salisbury treatment, and took the most meticulous care in cleansing the meat from every trace of fat or connective tissue. Her small meal required about two hours to prepare and even longer to eat. I strongly suspect these self-starvers and purifiers to be haunted by an obsession of sin, though in this case it may have been prompted by a desire for vicarious sacrifice.

These new self-inflicted pains may be a protective mechanism, as in the case of a girl in the early twenties who took to her bed for a couple of years on account of abdominal pains for which no one could find a cause, and which she would not have investigated by modern methods. Then her father died and left her sufficient money to be independent. She rose from her bed, quarrelled with her mother, set up a house of her own and was quite well.

Another example of protective pains is the following: A young married woman was sent to see me because of a story of extraordinary pains in all sorts of places. Like many another she was the subject of cancerphobia. She was anxious to go into a nursing home for observation and treatment, but discharged herself within twenty-four hours, leaving an address to which I could send a note of fees, which needless to say I never received. The mechanism here was fairly obvious. Her husband had obtained a post in India, and she hated the life there. She complained of her health so much that at last, in sheer desperation, he told her to come home and not to return until she was cured. As she does not want to return there is very little probability of her being cured. The more doctors she consults the more she can impress her husband with her efforts to be cured, and the fewer of those doctors she pays the longer this process can last.

Another case of cancerphobia in a patient of a higher level of intelligence was in a man of about 50, with nervous dyspepsia. He had lost his wife, to whom he was devoted, from cerebral hæmorrhage after an air raid. He was left with four small children, and a widow with one child of her own offered to look after them if he would marry her. He did so and life became almost impossible. He had to fight for his children's rights against the favouritism she extended to her child. During the food-rationing in the later stages of the war he found this child was being surreptitiously fed at the expense of his. He had no escape, for his work was done at home. He had no mitigation by getting away to business for the greater part of the day. He had an invalid mother dependent on him and he had to go on working whether he felt ill or not. Gradually he came to think that only death could bring him any relief, and then the thought came—but it might be death by cancer; that would be a horrible way out. And so the phobia grew and his misery increased.

Indecision may be an important factor in producing substitute pains, as in a girl of 21, who was engaged to be married. As she was an only child a conflict arose in her mind between a disinclination to leave the security of home life and a natural impulse to assume more adult responsibilities. This concentrated her mind very much upon her own health, because unsatisfactory health enabled her to hold the balance between these two factors in the conflict. I told her and her doctor that I believed that as long as she remained in this state of indecision her health would suffer, and I urged that she should go ahead with her arrangements to get married. She did so and got quite well. That was nearly two years ago; but recently she has relapsed, again on account of indecision. Her husband wants a child, and she is fearful of taking on such a responsibility. So

again bad health is invoked, and again I have urged her to decide in favour of completing her adult existence.

Recently I saw a girl whose health had seriously failed; no objective cause could be found for this beyond a slight swelling of the thyroid, without any real evidence of hyperthyroidism. On inquiry I found that she had been teaching in a school where her cousin was the wife of the headmaster. She liked the life; threw herself into it with enthusiasm, and gave out a lot of energy. She had made good, and then her cousin's attitude towards her changed—no rival was to be permitted near the throne—and she was subjected to a series of pinpricks. While having to do the social things that might be looked for in a relation at other times she was kept rigidly at arms' length as a member of the staff. She felt this very much, and it was a disillusionment to her enthusiastic nature to find herself punished for her successful devotion to her work. Her thyroid began to swell at this time. It is rather significant that her thyroid had been noted to swell on a former occasion, when she had some little disagreement with her father about the work she was to undertake. There had also been somewhat of a disappointment because one of the under-masters became engaged to someone else. Her experience of the outside world after the protection of home life had been too hard and disillusioning; it had thrust her in on herself and she needed time for readjustment.

A woman in the forties had attacks of hyperchlorhydria and abdominal pain, for which I could find no objective cause. A test-meal had been done, but the result was not to hand when I saw her. She was anxious for an X-ray examination to exclude peptic ulcer or appendicitis; this was done with an entirely negative result. I sent the report of this to her doctor, who replied, "Last night I learned from the husband that their married life was unhappy—with no children after many years of marriage. There were squabbles and recriminations. I think one need not look farther than this for the cause of the wife's dyspepsia." And with that I quite agree.

The case of Mrs. Browning is historic. As Elizabeth Barrett her father had imposed an almost Oriental seclusion upon her, for he was determined she should not marry—an attitude towards daughters more common in fathers than is generally supposed. She became an invalid and took to her bed until Robert Browning ran away with her, after which she became quite well.

To question a patient in the presence of another member of the family is worse than useless. For instance, it is usually impossible for a girl to reveal her feelings before her mother. In these matters there can be useful co-operation between the general practitioner

and the consultant. The former knows the environment and sees both sides in a family difficulty, while patients find it easier to tell their secrets to the latter as he is a stranger whom they need not see again. A married woman with children once told me that the real source of her ill-health was a woman friend who was always imploring her to leave home and share her "well of loneliness." I remarked that she had never told her doctor this; she admitted it, and asked how I knew. I pointed out that she had given me her address as No. 12 in a certain road and that her doctor had written to me from No. 10 in the same road. Some things are too difficult to tell a neighbour, even if he is a doctor.

A doctor seeing a case for the first time may occasionally use shock tactics with success. A friend of mine, a general practitioner, was called to see a young lady in a flat. He was shown into the sitting-room, and noted that while there were no photographs of young men there were many of women, particularly one of a masculine type. When he was ushered into the bedroom he noted a cabinet photograph of the same masculine woman by the bed-side. He was told a long and rambling story of pains, for which careful physical examination revealed no cause. He then said, "Do you want me to tell you what I think is the cause of your trouble?" "Yes, that is why I sent for you," was the reply. "But some are not strong enough to bear the truth," he went on. "You really want me to tell it to you?" "Yes." "Well," he said, dramatically pointing to the photograph, "*that* is the cause." The patient rose up in her bed—"How dare you?" she said, "how dare you insult me like that?"

My friend said, "I am very sorry. You asked me to tell you what I thought was the matter, and I did so. I can quite understand that having dropped such an appalling brick you will prefer not to see me again." He rose to go, but before he reached the door the patient called out, "Stop; it's quite true; how did you guess it?"

Is the human race, as it becomes more sensitized, doomed to suffer more and more from these "substitute pains"? It might be thought that there is little or no chance for improvement, since the emotional factor in man is not only the most primitive, but the most unchanging. But such a pessimistic conclusion is far from justified. For the first time in the history of man we have two powerful forces making for improvement: (1) An increasing number of investigators remorselessly applying biological methods to the understanding of man's mental processes, and (2) an increasing number in the younger generation who are not content to adopt accepted standards without demur, but who are keenly intent on discovering the truth about themselves and



their reactions to their environment. In the general conflagration of the war more rubbish was burned up than has yet been realized in some quarters. The questioning of conventional ideas goes on unceasingly; many of them have been weighed and found wanting. That there is a crudity and harshness in the attitude of the younger generation is a fact which is frequently lamented by their seniors, but in so far as this is the almost inevitable outcome of a sincere determination to discover the truth, it is merely the rough side of a real advance.

True, the motto of the ancient Greek philosophers was "Know thyself," but, as can be seen from the fact that this text was frequently inscribed beneath a grinning skeleton, it often became degraded to a mere "Memento mori"—the attitude of asking why a man should boast himself if he is so soon to die. The newer application of the saying is to learn to know oneself so as to make the most of life—to know how to live rather than how to die. The old psychology took the highest types of mental activity that could be discovered, explored these by introspection as far as possible, and built up a system on the basis that man is a reasonable being. We have come to realize that he is nothing of the sort. He is merely in process of becoming reasonable. By the pursuit of a more objective method than introspection we are realizing that a little reason mounts guard perilously and indecisively over a whole mass of emotions and instincts inherited from a far distant past, much as the cerebral cortex exercises a fluctuating degree of control over the mass of grey matter beneath it. It is only by frank recognition of such facts that the reasonable self can increase its control over the unreasoning self.

For the first time, then, human relationships are being studied objectively, and the results of that investigation are proving disconcerting, because the tearing aside of veils is showing that things are other than we have supposed. But that is a temporary phase, before re-adjustments have had time to be made. In the past many men found it a painful idea that after all the earth was not the centre of the universe and the sun did not move round it. Does that fact worry anyone to-day? On the contrary, has not its acceptance both simplified and expanded our conception of the universe? Last century many men were greatly distressed at the idea that man was not a special creation, but was evolved from lower forms. Does it distress us to-day? On the contrary, the evolutionary conception reveals a far greater and more wonderful world than our grandfathers had any idea of. Now it is not man's position in the universe or in the animal kingdom that is being questioned—it is the nature of man himself. For a

time this will be painful to a good many; the giving-up of preconceived ideas is often painful, but the result of frank acceptance will be release from many obsessions of fear; the bogey boldly faced is seen for the turnip lantern and white sheet that it is. There will be less sheltering behind disabilities created by imaginary pains when we realize that the source of the pain is within ourselves, and that it originates in a conflict between the instinctive and the reasoning self. As long as people lie to their reasoning selves they are bound to suffer.

It is clear from many of the cases that I have related that there was a genuine cause for painful feeling; merely explaining how the emotional cause is producing bad health does not do away with the disagreeable emotion. But it brings it more under the control of the reasoning self—it does away with the terror of the unknown, and the patient is able to face the situation with a calmer courage.

W. LANGDON BROWN.

## MORE MEDICAL NOTES.

By Sir THOMAS HORDER, Bt.

### ON ALCOHOL.

(1) The acquired causes of the alcohol habit are mainly psychological; the drab and monotonous life of the poor, the ennui of the rich, *miserie*, and success achieved too early.

(2) Those alcoholic beverages which tend most to the production of gout and goutiness, such as beer and port, owe this effect, not to the alcohol they contain, but to other substances. If a gouty patient has not damaged his powers of assimilation and elimination he can usually find a substitute which does not produce this effect; but when this damage has taken place complete abstinence is Hobson's choice.

(3) Anomalies of temperature in a patient suffering from a pyrexial illness are not seldom explained by his addiction to excess in alcoholic drinks. (It has been shown that alcohol administered to animals abolishes temporarily the power of heat regulation in the body.) Morphia is capable of producing the same effect.

(4) In those who are accustomed to alcoholic beverages, taking them at the end of the day tends to promote sleep; in those who are unaccustomed to them it tends to insomnia.

(5) Spirit-drinking is a potent cause of inflammation of the whole alimentary tract, not of the stomach only. Gingivitis, with pyorrhœa, in young men otherwise healthy, is an example. Another example is colitis in



the subject of an old dysentery. A third is proctitis in a patient with hæmorrhoids.

(6) Symptoms of duodenal dyspepsia (hunger-pain, etc.) are not infrequently, in susceptible persons, the result of taking alcoholic drinks in relative excess. When this is so the discomfort is often relieved by resort to the cause—an experience which is one of the explanations of the “apéritif” habit.

(7) Alcoholics tend to bleed more often than non-alcoholics, and more profusely. The common example of this is hæmatemesis, which may occur in alcoholics without peptic ulceration and without any signs of portal pressure. But alcohol is a factor in many cases of hæmoptysis also, whether the associated structural defect be due to pulmonary tuberculosis, to chronic dilatation of the heart with infarction, or to emphysema. And of hæmaturia the same comment may be made, given the presence of granular kidney. If hyperpiesis, itself sometimes a result of chronic alcoholism, be an additional association of any of these states, the tendency to hæmorrhage is still greater.

(8) In the odour of a patient's breath it is important to distinguish between the sweetish smell yielded by the esters of a recent alcoholic drink and the heavy, fœtid smell associated with the chronic gastritis of the habitual drinker; the latter odour is commonly, but mistakenly, thought to be due to “stale alcohol.”

(9) In private practice the prognosis in alcoholic cirrhosis of the liver is by no means so bad as is the case in hospital patients. The reasons for this are probably as follows: Patients suffering from the disease come under observation earlier, they drink purer forms of alcoholic liquors, and there are stronger inducements to abstain or to drink less freely.

(10) Not upon how meagre a diet a patient can live, but upon what sort of a diet he can live most efficiently, should be the physician's guiding principle in ordering a patient's regimen. Neglect of this rule sometimes leads to anomalies to which either patient or doctor may be blinded by sentiment.

(11) When a patient strongly objects “on principle” to take any alcoholic stimulant, it is better not to advise it. But this applies to other therapeutic agents also.

(12) In the choice of alcoholic beverages, when one is ordered by the physician, habit and the individual factor should be allowed considerable weight.

(13) In the cure of alcoholism, as of most habits, the question whether the thing should be given up gradually or suddenly must be determined by a study of the individual case. Yet a few general hints are possible:

(i) If the main indication is physical the gradual method is probably essential; if psychological, it is not necessarily so. (ii) The sudden method nearly always demands for its success that the practitioner undertaking the case be available at any moment; in other words, the patient must be under close observation the whole time. (iii) In coming to a decision a frank talk with the patient is a *sine qua non*. (iv) In any case of doubt the gradual method is probably the safer.

(14) In estimating the difficulties that underlie an effort to cure a chronic alcoholic, it is probably near the truth to say that the doctor's confidence in the patient's ability to abstain should be in inverse ratio to the patient's confidence in himself.

### RAHERE LODGE.



THE Installation Meeting of the Rahere Lodge No. 2546 was held in the Great Hall at St. Bartholomew's Hospital on Tuesday, June 18th, 1929, W. Bro. H. D. Gillies, the I.P.M., being in the Chair. The initiation ceremony was first held and was conducted by W. Bro. H. E. G. Boyle, L.R.P.M., the charge being given by W. Bro. Reginald M. Vick, P.M.; subsequently, W. Bro. Edward P. Furber, C.B.E., B.P.G., J.W. (Surrey) was installed as W.M. for the ensuing year by W. Bro. Girling Ball, J.G.D., P.M. The following officers were appointed and invested:

E. P. Furber . . . .	W.M.
H. W. Henshaw . . . .	I.P.M.
T. H. Just . . . .	S.W.
Howard Jones . . . .	J.W.
R. B. Dand . . . .	Chaplain.
Ernest Clarke . . . .	Treasurer.
W. Girling Ball . . . .	Secretary.
H. E. G. Boyle . . . .	D.C.
Reginald M. Vick . . . .	A.D.C.
G. H. Rosedale . . . .	S.D.
John Cumming . . . .	J.D.
E. Laming Evans . . . .	Almoner.
Ll. G. Smith . . . .	Organist.
Gerald Stathers . . . .	Asst. Secretary.
F. Coleman . . . .	I.G.
E. Whitehead Reid . . . .	Senior Steward.
H. E. Griffiths . . . .	Stewards.
H. R. Buttery . . . .	
A. H. Coughtrey . . . .	Tyler.
E. W. Hallett . . . .	Asst. Tyler.

There were present 118 officers, past masters, brethren and visitors, who subsequently dined at Gatti's Restaurant, 13, King William Street, Strand.

## THE LONELY FURROW.

**W**E live in an age of mass production. We are assaulted with statistics and battered with figures whose magnitude bludgeons our intellects into submission. This is true alike of cars and cancer, paper money and patent medicine. Our conclusions are driven by mere weight of numbers.

Bloggs, Silas Q. (*Journ. N.C. Soph. Soc.*, 1929, i, p. 4003) has described "Congenital Synostosis of Ethmoid and Lacrimal Bones" with the authority and finality that "two thousand proved cases" must surely confer. Lincoln, Sir Henry J., apologetically brings forward his "small series" of fifty examples of "Jejunal Ulcer associated with Convergent Strabismus" (*Gleanings from a Surgeon's Log Book*, Priority Press, London, 1929). Who can withstand such onslaughts? Few indeed in public, and yet, in private, the still small voice of reason whispers that Newton saw one apple fall, that Watt had a solitary kettle, and that one bath and one compound fracture would have satisfied Archimedes and Lord Lister.

We seek knowledge, but forget its foundations. We struggle at last to a true sense of values only to find that our little heap of experience is the stuff to build with. You cannot have a flair for diagnosis until you are too wise to want it.

Our greatest teacher is death, and his gifts to life are what we call "complete cases"; such are whetstones to knowledge and touchstones of wisdom. America boasts Niagara Falls and the Woolworth Building, but the weekly staff-meeting of the Mayo Clinic can teach us more. Here the living take from the dead the last few precious grains of knowledge and try to find the way of success in every failure.

A certain physician is "an inveterate note-taker" and that is how to store experience. His case-sheets are his treasure, but they perish with him.

Mass production and big numbers serve their turn, but the looming bulk of them fills the horizon, and casts a shadow on the lonely furrow at the edge of the hill where no Fordson tractor has ever passed. Our five cases of sprained ankle may set us in the path of wisdom, where we shall look, perhaps in vain, for Silas and Sir Henry.

ERIC I. LLOYD.

### HOW PATIENTS CHOOSE THEIR CONSULTANTS.

OLD LADY FROM SOMERSET: I was not satisfied with my doctor's advice, so my brother's wife asked a doctor in Cheshire who was the best person to go to. He does not know you himself.

GAMMA.

## WITHIN THE NEW SURGICAL BLOCK.

(With the usual apologies.)

**T**AX not the Hospital with vain expense,  
With ill-matched aims the architect who planned  
(Albeit labouring for a chosen band  
Of white-robed surgeons only) this new wing  
And splendid home of "Therapeutics' King"  
(As some believe). 'Tis meet Listerian arts  
Should have a temple fit for them at Bart.'s,  
Where surgeons work whose eagerness will bring  
More progress still. Soon now beneath that roof  
The newest theatres with their labs. and wards  
Will be, to which in ever greater hordes  
Shall come the sufferers, those who, loth to die,  
Seek aid from men whose skill is certain proof  
That they were born for immortality.

L. I. M. C.

## A CASE OF TRAUMATIC DISSECTING ANEURYSM.

**M**ALE, æt. 47, was brought up to hospital, having been knocked down and run over by a water-waggon.

*Condition on admission.*—Temperature 97° F., pulse 90, respirations 35.

He was unconscious and cyanosed. His breathing was very laboured.

The pupils were equal and reacted to light and accommodation.

There was a vertical laceration 1 in. long and  $\frac{1}{2}$  in. in front of the right ear. The wound did not go down to bone, but there was blood in the external auditory meatus.

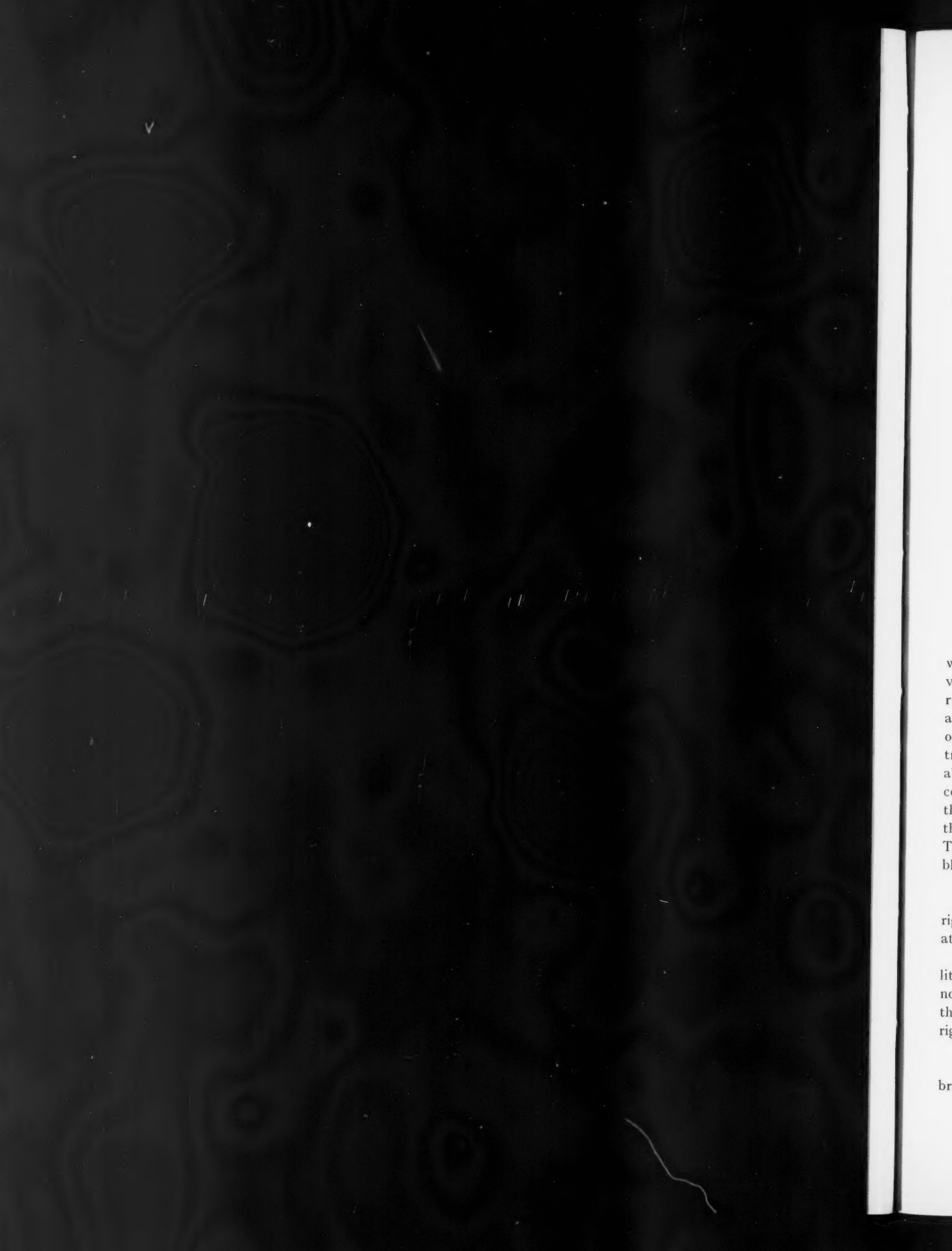
The whole of the upper part of the right side of the chest was crushed and surgical emphysema was present all over the right side.

The area of cardiac dullness and heart-sounds were normal, as were the radial pulse on the left side, but no pulsation at all could be detected in the radial artery, the brachial artery nor the axillary artery on the right side. Pulsation was present, however, in the right common carotid artery.

There was no evidence of fluid in the right side of the chest.

The abdomen was distended and somewhat rigid in





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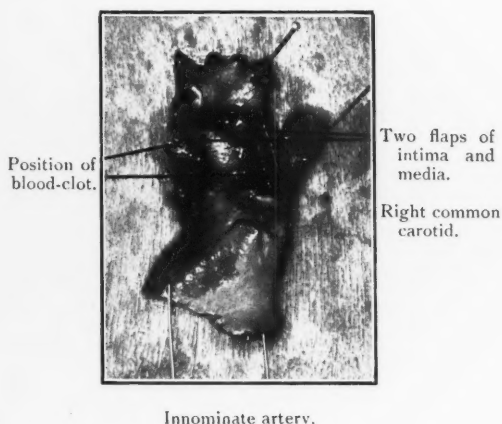
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the upper part, but movement was good and no evidence of shifting dullness in the flanks was obtained.

He was admitted to Surgery Ward and put on to continuous nasal oxygen. Morphia was administered freely. No other physical signs developed either in the chest or abdomen. The temperature remained steady, but the pulse-rate rose steadily to 150 and breathing became more and more laboured, the patient dying early next morning.



Innominate artery.

*Autopsy.*—The interesting feature of this examination was the right subclavian artery. The exterior of the vessel appeared to be normal, there was no evidence of rupture or injury to the tunica adventitia, but the artery was found to be filled with a thrombus. On opening the first part of the artery it was found that a transverse rupture of the intima and media had occurred all the way round its circumference. Two flaps of these coats had been turned upwards, *i.e.* in the direction of the blood-flow. These flaps lay across the interior of the vessel, acting as valves and obstructing its lumen. The raw area of adventitia so exposed was covered with blood-clot.

Other post-mortem findings were:

(1) Multiple comminuted fractures of ribs 1 to 9 right side, and backward dislocation of right clavicle at sterno-clavicular joint.

(2) Extensive old adhesions in both pleuræ and a little free blood in such of right pleural cavity as had not been obliterated by these adhesions. No hæmo-thorax. Laceration of outer surface of lower lobe of right lung admitting one finger.

(3) No laceration of any abdominal viscus.

(4) Fractured base of skull and small lacerations of brain.

Apparently this interesting condition found in the

§

right subclavian artery was caused by the pressure of the fragments of the fractured first ribs, which, whilst leaving the tunica adventitia intact, had by some means brought about the split between it and the two inner coats to form the flaps described above.

I am indebted to Mr. Harold Wilson for his kind permission to report the notes of this case. My thanks are also due to Miss Vaughan for her care and work in photographing the specimen. W. BUCKLEY.

### THE USE OF LIPIODOL IN CASES OF STERILITY IN WOMEN.



ALTHOUGH this communication deals briefly with the use of lipiodol, it is of interest to review the historical evolution of the technique. As long ago as 1914 Rubin endeavoured to test the patency of the Fallopian tubes by injecting a solution of collargol into the uterus and subsequently taking X-ray photographs. He was forced, however, to abandon this method owing to the unpleasant reaction which took place in the pelvic peritoneum.

In 1923 Kennedy published a paper describing a method in which he employed a 20% solution of sodium bromide; in his case the cause of failure was the insufficient density of the shadows produced. In 1925 Forsdike read his first paper and published hystero-grams before the Gynaecological Section of the Royal Society of Medicine, having been stimulated to use lipiodol for injection following the introduction of this substance for the localization of spinal tumours by Siehard, of Paris.

The substance lipiodol is a 40% solution of iodine in red poppy-seed oil, and before discussing its use it is essential to consider its action on the mucosa of the uterus and Fallopian tubes, as well as on the peritoneum. The evidence is conclusive, based, as it is, on investigations on women and cats as experimental animals. Forsdike has introduced abundant amounts of lipiodol into the uteri and peritoneal cavities of cats, which were killed 3 to 6 weeks later. Not a single case showed evidence of peritoneal irritation, nor did the endometrium appear abnormal. The operation findings in women who have had lipiodol injections is, perhaps, more to the point, there being a number of cases in which the abdomen has been opened within a few days of injection, and although lipiodol was still present in the pelvis there was no accompanying inflammatory reaction. It is thus obvious that the remedy is not harmful.



FIG. 2.



FIG. 4.

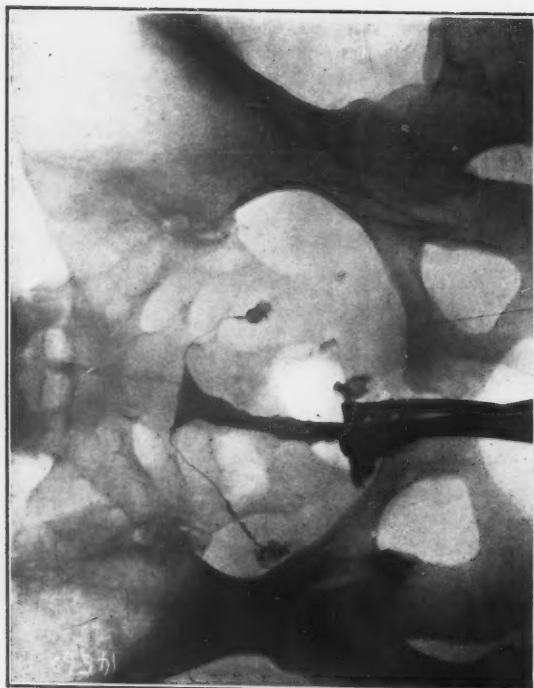


FIG. 1.



FIG. 3.

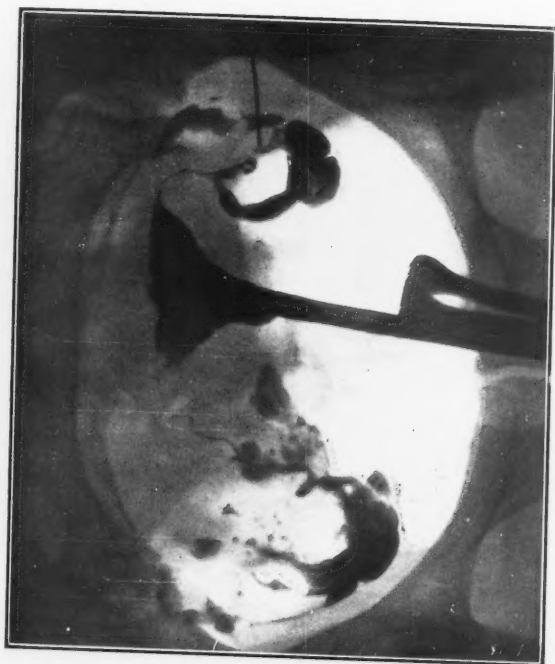
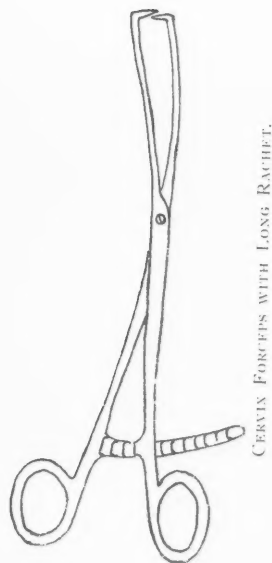


FIG. 4.



CERVIX FORCEPS WITH LONG RATCHET.

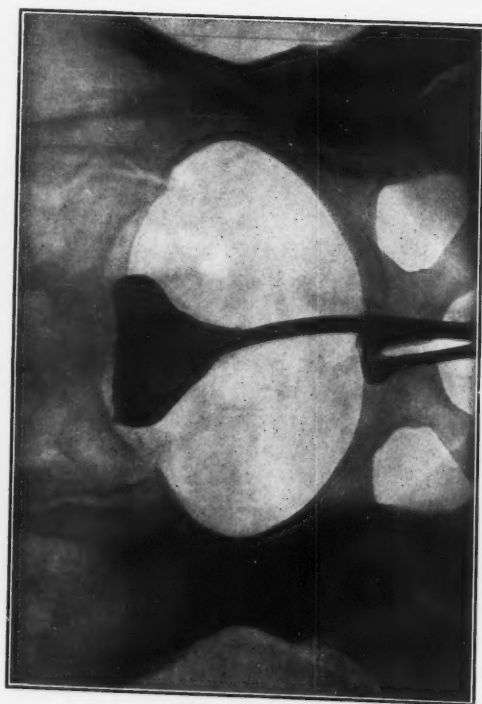


FIG. 5.

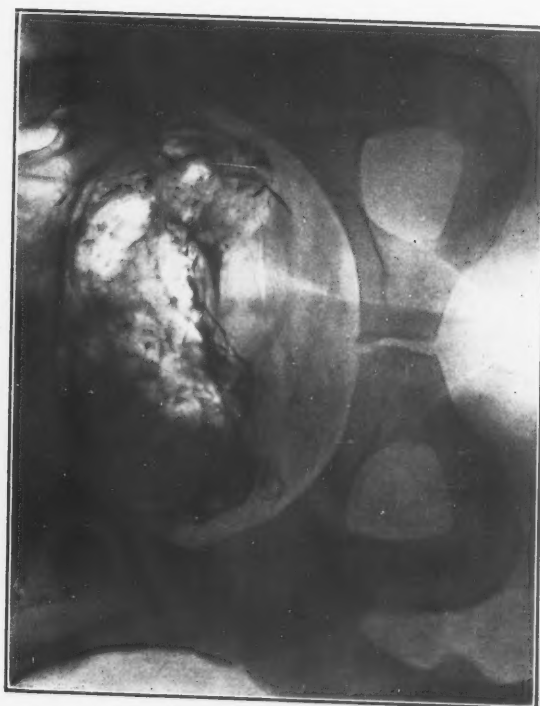


FIG. 7.

The indications for the use of lipiodol in sterility fall into two groups: Firstly, those cases in which occlusion of the Fallopian tubes is suspected and one wishes to locate the obstruction with a view to operative interference. Secondly, the lipiodol may be used as a therapeutic agent in those cases in which the tubes are patent, but the patient has failed to become pregnant. Certain contra-indications to this form of investigation must be respected:

- (1) The presence of active pelvic infection, whether in the cervix, uterus or Fallopian tubes.
- (2) Definite adnexal swellings.
- (3) Any serious general disease, particularly heart lesions.

The time chosen for injection is somewhere about the middle of the menstrual cycle. The patient is best prepared during the week before the test; this consists in getting the lower bowel empty so as to facilitate a good X-ray photo, and the use of glycerine vaginal pessaries each night to soften the cervix.

*Technique.*—A special uterine cannula with a terminal or subterminal orifice is connected to a 20 c.c. syringe and both connections made firm with ligatures. Then the whole system is filled with lipiodol, including the syringe up to the 10 c.c. mark. In the majority of cases no anæsthetic is required and the patient is placed in the lithotomy position; the vulva and vagina are prepared with ordinary operative precautions. A suitable size of Sims' speculum is introduced into the vagina and the cervix seized with volsella forceps. A uterine sound is now passed and in some cases it may be necessary to use the first two Hegar's dilators. The uterine cannula is introduced and the cervix made to grip the cannula firmly by the use of special cervical forceps. The vagina is lightly plugged, the speculum removed and the patient transferred to the X-ray room. The general rule is to screen the patient in the dorsal position, but in some cases of retro-displaced uteri an oblique view is required. The lipiodol is injected slowly, 10 c.c. being an average volume, but in cases of obstructed tubes smaller amounts may produce pain. X-ray photos are now taken and the apparatus removed. A subsequent photograph, 24 to 48 hours later, is taken to determine if the lipiodol be definitely present on each side of the pelvis. Slight uterine hæmorrhage may occur for 2 or 3 days following the injection. In some cases the fate of the lipiodol has been carefully observed, and it becomes apparent that it is absorbed from the peritoneum in 7 to 10 days, although it may persist in a closed tube for several months.

At this stage the X-ray appearances may be described briefly. There are a few fallacies to be considered.

It is true that in certain cases of retroflexed uteri the Fallopian tubes cannot be made to fill, but in other cases, should they fail to fill, one is right to assume that they are occluded. A most valuable finding is the actual site of the obstruction, because this governs the possibility of operative treatment. If the tube be blocked near the uterus, then operation is known to be a hopeless procedure, but if the abdominal ostium be closed, then the possibility of operation may be considered. The course of the Fallopian tubes, abnormalities, such as polyps and uterine fibroids are also well seen. Seven illustrative cases have been selected, and their X-ray appearances are reproduced; a short description of each follows:

(1) Normal nulliparous type of uterus, with both Fallopian tubes filled and the lipiodol beginning to escape into the peritoneal cavity.

(2) In this case the uterus was retro-flexed; the left Fallopian tube was curled up behind the uterus and blocked at its abdominal extremity; the right Fallopian tube was normal.

(3) The left Fallopian tube was blocked and the right normal.

(4) This patient had a large hydrosalpinx on the left side, while the right tube was blocked 1½ in. from the uterine end (confirmed at subsequent operation).

(5) Parous type of uterus with both Fallopian tubes blocked at the uterine end.

(6) Normal uterus and Fallopian tubes with the lipiodol partially in the peritoneal cavity.

(7) Lipiodol diffused through the pelvis 24 hours after injection.

The therapeutic action of lipiodol is worthy of mention, as a definite number of patients became pregnant after its use. Forsdike examined by this method a series of 67 women, and in 41 the Fallopian tubes were patent. Of these 41, 14, *i. e.* 34%, subsequently became pregnant. Eleven of these had previously had dilatation of the cervix or insufflation, or both, performed without success. Thus the effect cannot be fairly attributed to the mere dilatation of the cervix. Incidentally all these women had been sterile for some years, the shortest time being two and the longest ten years. It would appear that the results from this type of investigation are sufficiently good to merit a much larger scope of inquiry.

I wish to express my gratitude to Dr. Donaldson for permission to utilize some of his cases, to Dr. Finzi for the excellent X-ray photos, and to Dr. Barris for permission to explore *per* abdomen the fourth case described, while under his care in the Hospital.

H. BURT-WHITE.







## THE DISCOVERY AND EVOLUTION OF THE STETHOSCOPE.\*

**B**EFORE telling the story of the stethoscope, which is a fascinating one, a few words should be devoted to its inventor. Laennec was born at Quimper, a small town in Brittany, in 1781. His father was a lawyer who delegated the upbringing of his son to his brother, a doctor practising at Nantes. From him he had his early education, which seems to have been a wide one, especially as regards languages and the Classics. While still a student he had, as most students of the time had, to join the armies of the Republic as a regimental surgeon. After a time he left the army and returned to civil practice. He took the degree of M.D. in 1804, reading a thesis on the doctrine of Hippocrates. After this for some years his life was mainly devoted to Morbid Anatomy, on which he lectured in Paris. In 1816 he was appointed physician to the Necker Hospital, and the same year invented the stethoscope. Within two years of that he had written his famous book, *Traité de l'auscultation médiate*, which ran to five editions—a remarkable thing for any book at that time; the last two editions were translated into English. In 1818 the French Academy of Sciences received his observations "with respect but without enthusiasm." At first his book was distrusted and his stethoscope was treated as a toy. Laennec was a delicate man, "small of stature and of very slender frame; his countenance was not pleasing, nay some will have it that it was somewhat repulsive; he had a keen scrutinizing look." After the publication of his book his health compelled him to retire temporarily to his native town, and in subsequent years he had several times to repeat this. In 1823 he was appointed Professor of Internal Medicine in Paris, and Physician to the Charité Hospital. At the bedside it is reported that he spoke in Latin in order that his following from foreign lands might understand him. He was not a popular physician, and never had a large practice. He died in his native town in 1826 from pulmonary tuberculosis, from which he had suffered for some years. Thus he died from a disease he had himself done more than any other to elucidate. He was then only 45. He believed that he had contracted the disease from a slight wound on his left forefinger made by a saw when examining some tuberculous bones. This is said to have occurred twenty years before the publication of his book. His widow was awarded a pension of 3000 francs.

Like so many great discoveries, that of the stethoscope came from a very simple beginning. In 1816 Laennec

was called to see a buxom young woman who had heart disease. In order to hear something of the heart, which could not be examined by direct or non-mediate auscultation, he thought he might succeed by making use of a physical property of sound—conduction through some solid object. Accordingly he rolled up "a quire of paper" tightly, applied one end to the chest and his ear to the other. To his surprise he heard better than he had ever done before. Besides being the origin of the stethoscope, the roll of paper is the origin of the hole in the subsequent models, which at first were only imitations in wood and other materials of the roll of paper. Laennec experimented with various kinds of wood, metal, glass and other materials, but found that a light but compact wood was the best. The original model was 13 in. long,  $1\frac{1}{2}$  in. in diameter, and the central channel was  $\frac{3}{4}$  in. in bore. The chest-piece was simply the hollowed end. He tried solid models, but considered them not so good. He used, however, a stopper or plug which he could insert in the chest-piece, for he thought that he could hear the heart better with the plug but the lungs better without it. For convenience of carrying in the tail pockets of the coat the earlier models were made in two pieces, which fitted together. This is practically as far as the instrument developed in the hands of its inventor, and with this simple instrument the foundation of our knowledge of physical examination of the heart and lungs was laid, for Laennec in a marvellously short time had raised auscultation to a level beyond which a century has barely advanced it.

A stethoscope of this pattern is to be seen in the Museum; it is  $11\frac{3}{4}$  in. long, with a  $\frac{1}{4}$  in. bore (Fig. 1). It was presented to the Museum by the late Sir George Burrows, who wrote of it: "I am happy to send you a venerable relic of the earliest study of auscultation at St. Bartholomew's Hospital. The old wooden cylinder is a facsimile of that used in the Laennec wards at Paris. It was the property, originally, of Dr. Bond, the Regius Professor of Physic at Cambridge, who, with myself, was Dr. Latham's clerk at St. Bartholomew's Hospital in 1827-28. We were two of the first to study auscultation in the wards there. With progressive improvements in the form of the stethoscope this old wooden tube was left unused on the table of the ward. The nurses appropriated it to their own use to stir up the linen in their washtubs, from which inglorious service I rescued it, and preserved it as a memento of my earliest studies in auscultation." Another version of the story is that it was used to assist in wringing out fomentations, but in any case it had fallen sadly from its original purpose.

Another early model in the Museum is said to have belonged also to Dr. Bond in 1827 (Fig. 2). It shows two

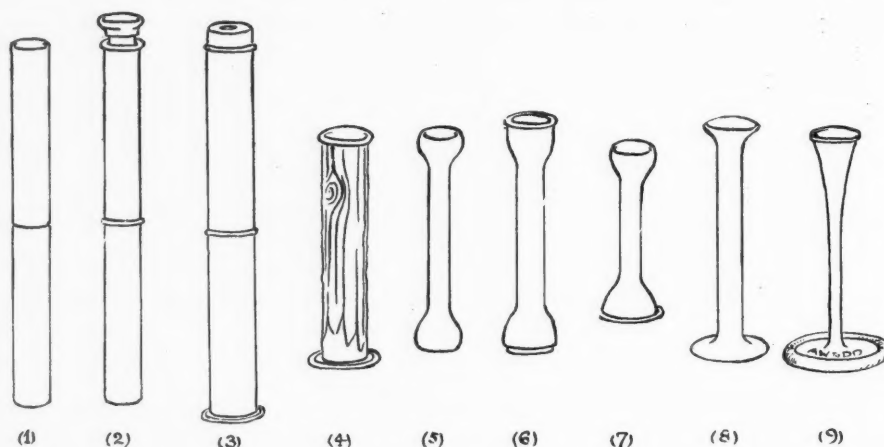
\*A paper read on May 31st, 1929, to the Osler Club.

alternative chest-pieces, of which one is fitted within the other in the same way as Laennec's plug had been attached. Modifications in the form of ivory, bone or horn chest- or ear-pieces were soon made to serve particular purposes or fancy. A well-preserved specimen was presented by Mr. Leonard Mark (Fig. 3), who writes: "This stethoscope belonged to Dr. Patrick Black, who told me that he had brought it from Paris, where he studied for some time after graduating at Oxford in 1836. He used to say that it was one of Laennec's stethoscopes, such as the students were then using in Paris." He writes further: "At the time Dr. Black was in Paris medical men were beginning to find that they could hear the chest-sounds as well with one half of the stethoscope as with the whole (which measured 13 inches), and would carry one half only." Another

This seems a very reasonable story, but the introduction of the slender stem has been attributed to Piorry, and the trumpet-shaped chest-piece was introduced by Dr. C. J. B. Williams, who studied under Laennec.

It is said that Sir Charles Scudamore went to study Laennec's methods, but could not hear as he was told he should. Laennec found that he had an unusually large tragus, and he hollowed out the ear-piece to accommodate it, after which he was able to hear properly.

Further developments in the wooden stethoscope are comparatively unimportant, such as making the stem detachable from the now rather expanded ear-piece for the sake of portability. When the stethoscope was found to be a handy instrument for eliciting tendon reflexes a band of rubber was put round the ear-piece,



rather curious instrument (Fig. 4), intermediate in length between the whole and one half of the original Laennec model and made in one piece, seems to be made from a piece of rough elder wood, to which a bone ear-piece and a ring of bone around the chest-piece have been fitted. It belonged to an old practitioner who was said to have been present at the battle of Trafalgar, and died at over 100 years of age.

The next stage in the evolution was brought about in a curious way. In his description of two stethoscopes (Figs. 5 and 6), originally the property of Dr. Black, and presented by Mr. Leonard Mark, the latter writes: "I remember Dr. Black telling me that the students, while waiting for the visiting staff, used to amuse themselves by scraping their stethoscopes with their pen-knives, thus making them lighter and more elegant in form. The stethoscopes thus acquired the thin stems of the present patterns."

and I have met students who did not realize that the instrument they were using as a knee-jerk hammer was in truth a stethoscope.

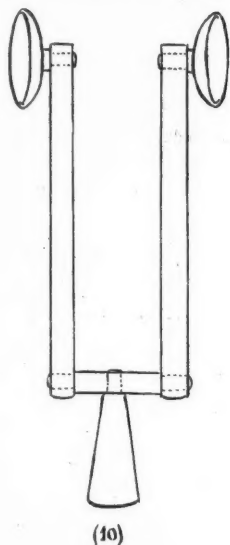
Two more stethoscopes in their final form are worthy of note. One (Fig. 9) with a rubber band round the ear-piece belonged to Sir George Burrows, and was presented to the Museum by Sir Dyce Duckworth, to whom it was given by Mr. Alfred Willett; the other was made in 1855 from the wood of one of the last of the oak posts which surrounded Smithfield Cattle Market, and was also given by Sir Dyce Duckworth.

The story of the binaural stethoscope is in a way less interesting yet the instrument celebrates its centenary this year. In the *Lancet*, August 22nd, 1829, is a description, unfortunately without illustration, by Dr. N. Comins, of Edinburgh, of a jointed wooden stethoscope which he designed to enable two persons to listen to a particular sound simultaneously (Fig. 10). The

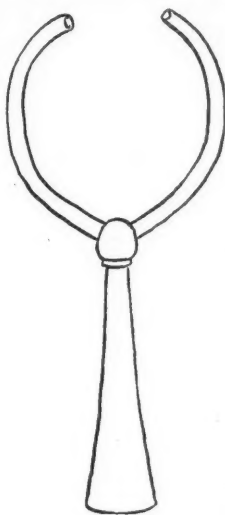


instrument appears to have consisted of jointed wooden tubes, each with a concave wooden ear-piece, which could be rotated in two holes in a short tube set at right angles to the chest-piece. Thus it was used with the ear-pieces turned outwards to enable two to listen. Next the two ear-pieces were turned inwards for the two ears of the same person, and the binaural stethoscope was invented. This stethoscope does not seem to have become at all general, although its inventor claimed that "it can be used in the highest ranks of life without offending fastidious delicacy."

Dr. Theodore Williams, writing in the *British Medical Journal* (1907, ii, p. 6), claimed that his father invented a flexible binaural stethoscope in 1829, the same year that



(10)



(11)

saw Comins's stethoscope. Williams's stethoscope is illustrated (Fig. 11), and consisted of a long chest-piece made of mahogany screwed into a central portion from which a flexible tube of lead passed to each ear; there were no ear-pieces, the tube being moulded to fit the ear. These are the earliest records of binaural stethoscopes, and employed the only two principles possible until the invention of rubber tubing.

Sir Samuel Wilks in the *Lancet*, November 22nd, 1882, p. 882, said that the first flexible stethoscope was invented by Dr. Golding Bird at Guy's Hospital in 1843, though he mentioned Comins's instrument, and admitted that someone, he did not seem to know who, claimed priority at the Westminster Hospital. Dr. Golding Bird had rheumatism, and was in consequence disinclined to move out of his chair when examining his patients, and so designed a stethoscope for his own comfort.

Trousseau said that every physician was expected to

examine the chest by auscultation, and spoke of a physician who was deaf, but nevertheless used his stethoscope to keep up appearances. "Il ausculte toujours, il endende jamais."

Further changes in the stethoscope, have occurred in modern times. The numbers of different patterns of chest-piece, different bores of tube, different methods of connecting the two ear-tubes, by spring, by hinge and so on, and the phonendoscope chest-piece are all well known and in common use.

In conclusion it must be said that although most people associate the name of Laennec with the stethoscope, in the same way that the name of Harvey immediately suggests "circulation of the blood," his real work for medical science lay in a different direction, his stethoscope being for him the means to an end. What Laennec did was to correlate in a manner until then impossible the findings of morbid anatomy with the physical signs of clinical examination. His stethoscope enabled him to examine and explore the chest with far greater precision than before, but his real work lay in the interpretation of what he heard. The strides he made in the few years over which his researches lasted place him not only among the pioneers of medicine, but in the ranks of genius. How far his labours would have advanced medicine, had he been spared to pursue them, must remain a matter for conjecture.

T. H. G. SHORE.

## STUDENTS' UNION.

### DEBATING SOCIETY.

An Ordinary Meeting of the Debating Society was held in the Medical and Surgical Theatre at 5.30 p.m. on May 24th.

Dr. E. R. Cullinan was in the chair.

The motion before the House was—"That in the opinion of this House the Liberal Party serves no useful function."

Mr. CROSSLEY HOLLAND, who took the place of Sir Philip Proctor at very short notice, in proposing the motion, pointed out that he was opposing the Liberal party and not Liberalism. The Liberal party was the remnant of a once great party that had outlived its usefulness. They could only hope for sufficient representation to hold the balance between Conservatives and Labour. Government of this type was not in the public interest. The Liberals should join, some the Conservative party, others the Labour party, and so bring back two-party government, which worked very well. The Liberal party could not conquer unemployment, which was an economic question, not a political question. After the General Election the Liberal party would be dead.

Dr. COOKE TAYLOR, Liberal candidate for Dulwich, opposing the motion, said that it was a pleasure for him to address a highly educated body of men such as he saw before him. He declared that no fault had been found in the Liberal unemployment scheme though it had been published three months ago. The work the Liberals proposed to do was absolutely necessary for our economic development. For instance, England was very far behind other countries in telephone development. This would be remedied. The money for all this scheme would be found by raising a loan on the Road Fund, which would be paid off completely in thirty years. The Liberal party was united and led by Mr. Lloyd George, who had done so well in the war.

The motion was then thrown open to debate.

Mr. COHEN, opposing the motion, denounced the foreign policy of the Government, which was leading straight to war.

Mr. HENTSCHELL, opposing the motion, read a letter from an American friend who declared that America was getting very suspicious of England. This, stated the speaker, was due to the appallingly bad foreign policy of the Government, which would be bettered by the Liberal party.

Mr. MATHESON, supporting the motion, declared that the Liberal party did definite harm. It was led by Mr. Lloyd George, in whom no one could place any confidence, including Sir John Simon, Mr. Runciman and Viscount Grey. The Liberal unemployment scheme would cost far more than £200,000,000, and would not cure unemployment. Despite the General Strike there was less unemployment now than in 1924, when the government took office.

Mr. FREETH, opposing the motion, disagreed with most of what was said by the previous speaker and accused the Government of causing the General Strike.

Mr. WALTER, opposing the motion, said that as long as the Liberal party stood for peace, it served a useful function.

Mr. DARKE opposed the motion because he did not want to see vested interests, such as were behind the Conservative party, ruling the country.

Mr. CROSSLEY HOLLAND and Dr. COOKE TAYLOR then made brief replies for their respective sides.

A vote was then taken by show of hands. For the motion, 6; against the motion, 15. The motion was thus lost by 9 votes.

It is a pity that, with the general election of May 30th to look forward to, more "highly educated" men did not turn up to hear Dr. Cooke Taylor and to express their opinions.

I. W. N.

G. O. M.

#### RIFLE CLUB.

With six old Colours still with us at the Hospital this year we were hopeful of retaining the Inter-Hospital Armitage Cup by a comfortable margin. However, the higher calls of Hospital appointments have made inevitable the somewhat spasmodic appearances of two valuable members of the team. Their successors, though new to aperture-sight shooting, have done reasonably well so far, although one of them has been let down by his rifle, which is now happily cured of an internal disorder, which soon yielded to surgical treatment.

So strong has been the opposition of the London Hospital that after three shoots we have barely a "working majority," as we are leading by only eleven points, with one more round to be shot off, although our total score to date is two points better than last year's at the corresponding phase of the contest. (In 1928 we won by eighty-one points.)

The first stage, shot on Derby Day, gave us a lead of one point from the London. Conditions were unpleasant—continuous rain descending on us for three hours.

In the second round we put up almost a record score, largely due to a magnificent effort by F. H. Morrell—a captain's shoot of 100 out of 105. Our lead was now five points.

On June 19th we had delightfully fine weather, but the wily mirage lay in wait for the unwary at the 200 yards' distance, and nearly the whole team had their scores badly lacerated. Nevertheless, T. H. N. Whitehurst, who has been shooting consistently well this season, defied the heat and put on a "possible" at 500 yards. We managed to increase our lead to eleven points, the scores of each hospital being about thirty points lower than the preceding weeks, the heat and mirage being responsible for many "dropped shots." We are hopeful of getting home next week by a short head.

Each shoot we have lost valuable points owing to shots being put on wrong targets; this unfortunate habit naturally somewhat cramps our scoring style.

Full details of the scores will be given in the August number of the JOURNAL. At the time of going to press the position is: St. Bart.'s, 1650; London, 1639; Guy's, 1573.

#### ANNUAL SPORTS.

THE Annual Sports were held in perfect weather at Winchmore Hill on Wednesday, May 22nd. The prizes were presented by Mrs. Just. D. Goodhart's 23 seconds for the 220 and J. R. Hill's 10½ for the 100 were both excellent performances.

#### RESULTS.

100 Yards: 1, J. R. Hill; 2, J. H. Pierre. Time, 10½ sec.  
220 Yards: 1, D. Goodhart; 2, J. R. Hill. Time, 23 sec.  
440 Yards: 1, W. D. Coltart, 2, J. H. Pierre; 3, A. W. Langford. Time, 54½ sec.  
Half Mile Handicap: 1, D. Goodhart (scratch); 2, A. Papert (50 yds.); 3, J. D. Powell (50 yds.). Time, 2 min. 5 sec.  
1 Mile: 1, J. R. Strong; 2, W. J. Walter; 3, W. D. Coltart. Time, 4 min. 52 sec.  
120 Yards Hurdles: 1, C. B. Prowse; 2, H. W. Rodgers; 3, H. Williamson. Time, 17½ sec.  
3 Miles: 1, W. J. Walter; 2, H. B. Lee; 3, J. R. Galway. Time, 16 min. 25 sec.  
120 Yards Handicap: 1, D. P. McCoy; 2, H. Williamson (3 yds.); 3, J. T. Rowe (3 yds.). Time, 12½ sec.  
Children's Race: 1, Pamela Coltart; 2, Master Churchill.  
Long Jump: 1, J. H. Pierre; 2, C. B. Prowse; 3, J. Hughes. Distance, 19 ft. 7 in.  
High Jump: 1, C. B. Prowse; 2, J. Hughes; 3, J. R. Hill. Height, 5 ft. 4½ in.  
Weight: 1, H. Lloyd; 2, J. H. Pierre; 3, J. T. Rowe.  
Hammer: 1, J. D. Powell; 2, P. J. Richards. 49 ft. 11½ in.  
Inter-Firm Tug-of-War: Sir Charles Gordon Watson's Firm.  
Inter-Club Relay: 1, Rugger 3rd; 2, Boxing.

#### ATHLETIC MATCH v. ST. THOMAS'S HOSPITAL.

Held at the Battersea Park Track on Wednesday, May 29th. St. Thomas's won by 47 points to 34.

#### RESULTS.

Half Mile: 1, C. E. D. H. Goodhart (Bart.'s); 2, A. Papert (Bart.'s); 3, C. H. Bliss (St. Thomas's). Time, 2 min. 1½ sec.  
100 Yards: 1, W. Hunt (Bart.'s); 2, N. A. Vernon (St. Thomas's); 3, J. H. Pierre (Bart.'s). Time, 10½ sec.  
High Jump: 1, L. T. Bond (St. Thomas's); 2, C. B. Prowse (Bart.'s); 3, A. T. Marrable (St. Thomas's). Height, 5 ft. 4 in.  
440 Yards: 1, C. W. Maisey (St. Thomas's); 2, A. W. Langford (Bart.'s); 3, H. Broadway (St. Thomas's). Time, 54½ sec.  
Hurdles: 1, J. F. E. Bloss (St. Thomas's); 2, C. B. Prowse (Bart.'s); 3, H. W. Rodgers (Bart.'s). Time, 16½ sec.  
220 Yards: 1, C. W. Maisey (St. Thomas's); 2, N. A. Vernon (St. Thomas's); 3, W. Hunt (Bart.'s). Time, 24 sec.  
Weight: 1, A. J. Martin (St. Thomas's); 2, J. H. Pierre (Bart.'s); 3, C. W. Maisey (St. Thomas's). Distance, 33 ft. 10½ in.  
Long Jump: 1, A. T. Marrable (St. Thomas's); 2, J. L. Parker (St. Thomas's); 3, J. F. E. Bloss (St. Thomas's). Distance, 20 ft. 0½ in.  
Mile: 1, H. B. Sandiford (St. Thomas's); 2, J. R. Strong (Bart.'s); 3, H. B. Lee (Bart.'s); 4, J. F. Varley (Bart.'s). Time, 4 min. 43½ sec.  
Relay: Bart.'s (J. H. Pierre, C. A. Keane, A. W. Langford, D. Goodhart). Time, 3 min. 58½ sec.  
Tug-of-War: St. Thomas's won by 2 pulls to none.

#### INTER-HOSPITAL SPORTS.

Guy's again won the Inter-Hospital Sports at Stamford Bridge on Monday, July 10th. For some time Bart.'s were leading, but Thomas's gradually drew level; later Guy's took the lead, winning all the field events.

The record in the High Jump was broken by C. R. G. Druce (Guy's), who jumped 5 ft. 10½ in. In the 120 yards hurdles J. F. E. Bloss (St. Thomas's) equalled the record of 16½ sec.

H. B. Stallard and C. E. D. H. Goodhart ran away from the field in the half mile, and J. R. Hill won the 100 quite comfortably. As usual, we won the relay, the time being just ⅔ of a second outside the record.

#### RESULTS.

100 Yards: 1, J. R. Hill (Bart.'s); 2, W. Hertzog (Guy's); 3, D. Turner (King's); 4, W. W. Craner (London). Won by 1 yard; time, 10½ sec.

220 Yards: 1, D. Turner (King's); 2, W. W. Craner (London); 3, C. W. Harrison (Guy's); 4, C. W. Maisey (St. Thomas's). Won by 1 yard; time, 23½ sec.

440 Yards: 1, W. W. Craner (London); 2, C. E. D. H. Goodhart (Bart.'s); 3, C. W. Harrison (Guy's); 4, C. W. Maisey (St. Thomas's). Won by 4 yards; time, 51½ sec.

Half Mile: 1, H. B. Stallard (Bart.'s); 2, C. E. D. H. Goodhart (Bart.'s); 3, C. W. Clayton (King's); 4, J. V. Sutton (King's). Won by 3 yards; time 1 min. 59½ sec.

Mile: 1, H. B. Sandiford (St. Thomas's); 2, J. V. Sutton (King's); 3, J. R. Strong (Bart.'s); 4, W. J. Walter (Bart.'s). Won by 25 yards; time, 4 min. 37½ sec.

3 Miles: 1, H. B. Sandiford (St. Thomas's); 2, R. A. P. Hogbin (Guy's); 3, J. V. Sutton (King's); 4, H. T. Croudace (Guy's). Won easily; time, 15 min. 46 sec.

120 Yards Hurdles: 1, J. F. E. Bloss (St. Thomas's); 2, H. W. Rodgers (Bart.'s); 3, S. D. Maclean (Guy's); 4, C. B. Prowse (Bart.'s). Won by 5 yards; time 16½ sec.—equals record.

Weight: 1, W. Hertzog (Guy's); 2, A. T. Martin (St. Thomas's); 3, J. H. Pierre (Bart.'s); 4, A. P. Coltzer (London). Distance, 36 ft. 10½ in.

High Jump: 1, C. R. G. Druce (Guy's); 2, A. R. R. le Fleming (St. Thomas's); 3, C. B. Prowse (Bart.'s); 4, L. T. Bond (St. Thomas's). Height, 5 ft. 10½ in. Record.

Long Jump: 1, W. Hertzog (Guy's); 2, J. L. Parker (St. Thomas's); 3, C. W. Harrison (Guy's); 4, J. H. Pierre (Bart.'s). Distance, 21 ft. 5½ in.

Hammer: 1, W. Hertzog (Guy's) and T. Nobel (London) dead-heated; 3, C. W. Maisey (St. Thomas's); 4, G. A. Dingemanns (Guy's). Distance, 64 ft. 3½ in.

Tug-of-War: Final, London beat St. Thomas's 2-0.

Mile Relay (220, 220, 440, 880): Bart.'s won by 25 yards in 3 min. 45 sec. Guy's were second. Bart.'s Team: J. R. Hill, W. Hunt, W. D. Coltart, H. B. Stallard.

Final points: Guy's, 38; St. Thomas's, 34; Bart.'s, 31; London, 21; King's, 16.

#### SWIMMING CLUB.

##### ST. BARTHOLOMEW'S HOSPITAL v. OLD PAULINES.

Played at St. Paul's School on Wednesday, May 22nd.

The polo match was preceded by swimming events, namely: Two lengths, won by R. J. C. Sutton, the Old Paulines winning second and third places; one length, won by C. K. Vartan, the next two places going to our opponents as before; and the team race of six, won by the Old Paulines by 3 yards.

The Hospital defended the deep end in the first half, the team lacking J. H. West in the forward line, and opened the attack by a shot from Sutton, which went into the goal-keeper's arms. A few minutes later the Old Paulines opened the scoring with a shot from their left forward, who got away from the centre of the bath. The score was soon equalized by Sutton with a fine shot from some distance out. The Hospital gained possession each time and play remained mostly in our opponents' half, who, however, scored again owing to slack marking in the back division. Vartan equalized just on half-time, following some splendid work on his own.

In the second half we had it all our own way; Sutton was shooting excellently and added four more to our total without our opponents replying, although there was one anxious moment when Edwards was left to manage two men on his own within our 2-yard line. Vartan played a sound game at half. The score thus finished 6-2 in our favour.

The team as a whole showed improved form in this game, and the new arrangement of the defence, with Vartan at half and Edwards and Fisher as backs, shows some promise, although both backs must mark even tighter.

Team.—J. C. F. L. Williamson; J. F. Fisher, F. A. Edwards; C. K. Vartan; G. S. R. Little, R. J. C. Sutton (capt.), H. T. Halper.

Result.—Swimming and Polo: St. Bart.'s Hospital, 15 points; Old Paulines, 15 points.

##### ST. BARTHOLOMEW'S HOSPITAL "A" v. KING'S COLLEGE HOSPITAL.

Played at Pitfield Street on Friday, May 24th.

The result of this match was made the more pleasing by the fact that King's had, owing to an error in arrangements, turned out a first team. Losing the toss we defended the shallow end first.

From the start the forwards attacked well, West in a new rôle as centre forward being particularly hard working. After a short time the Hospital secured a lead through Vartan. The play was of an even character, through most of the first half, and before the change of ends King's had equalized.

In the second half our opponents employed shock tactics, which, due rather to their lack of skill in attack than our soundness in defence, were effectively repulsed. Our forwards, too, were waiting to receive the opportunities which were not long in coming. West and Chivers scored for the Hospital, and later Vartan added another. Williamson in goal played a sound game, while Angel and Little at back were apparently sufficiently obstructive to prevent goals being scored, and it must be added that the defence had their share in the game.

Team.—J. C. F. L. Williamson; R. E. Angel, G. S. R. Little; C. K. Vartan; H. T. Halper, J. H. West, J. A. Chivers.

Result.—St. Bart.'s Hospital, 4; King's College Hospital, 2.

##### ST. BARTHOLOMEW'S HOSPITAL v. OLD OWENS.

Played at Caledonian Road Baths on Monday, May 27th.

Again the Hospital were without a full team, Davies and Little deputizing for Edwards and Williamson respectively. The Hospital won the toss and defended the deep end. Within the first 20 seconds Sutton had scored, but this seemed to rouse our opponents, who scored several times in quick succession; of these latter some were undoubtedly due to slack marking by the defence, but others equally undoubtedly were due to bad luck. Little performed well, but their shooting was extraordinarily accurate. Vartan added another for us, and play remained fairly even, but at the change-over the Hospital were 2 goals to their opponents 6.

The change of ends, however, gave us more than sufficient advantage to regain all we had lost. Accurate shooting and good combination between Sutton and Vartan had raised the score to 6-5 before our opponents scored their seventh and final goal. From then on our score was rapidly added to, and although several close shaves were experienced, the defences were successful in maintaining our goal intact. Sutton was unlucky with several shots, but made many excellent ones, and only superb play by their goalkeeper prevented the score from mounting much higher. Vartan played a sterling all-round game at half. Davies, a newcomer to the team, played a very sound game, but made the mistake of concentrating on the goal rather than on his colleagues.

Altogether this game, although a little ragged owing to the slackness of the referee, was the fastest and most enjoyable we have experienced this season, and we look forward to our home match with these opponents. It was gratifying to note that the team lasted a 12-minute half with credit.

Team.—G. S. R. Little; J. F. Fisher, L. L. Davies; C. K. Vartan; H. T. Halper, R. J. C. Sutton (capt.), J. H. West.

Result.—St. Bart.'s Hospital, 8; Old Owens, 7.

##### ST. BARTHOLOMEW'S HOSPITAL v. PLAISTOW UNITED II.

Played at Plaistow on Friday, May 31st.

This was also a most enjoyable game. Playing against the second team of a club that has won the Southern Counties Water Polo for the last two years, the Hospital put up a very creditable fight, and the play was pretty even all through.

The Hospital won the toss and defended the deep end. Plaistow opened the scoring, and for some minutes after play was even before Vartan equalized; immediately after this our opponents scored twice more in quick succession. The whistle went for half-time with the score at 1-3, and Vartan in undisputed possession 4 yards from their line.

The advantage of the change-over was neutralized by our opponents' superiority in training; Sutton, too, was not on the top of his shooting form, and repeatedly hit the bar and posts. Their backs took advantage of their speed to break away several times and come down on their own to score, but only 3 more were added during the second half. Sutton added one more half-way through, bringing the final score to 6-2.

Stimulated by a stronger rival team, Bart.'s on the whole were on the top of their form. A few more games of this sort would do us all the good in the world.

Team.—J. C. F. L. Williamson; J. F. Fisher, F. A. Edwards; C. K. Vartan; H. T. Halper, R. J. C. Sutton (capt.), J. H. West.

Result.—St. Bart.'s Hospital, 2; Plaistow II, 6.

## 1ST ROUND INTER-HOSPITAL CUP.

## ST. BARTHOLOMEW'S HOSPITAL v. UNIVERSITY COLLEGE HOSPITAL.

Played at Pitfield Street on Friday, June 7th.

As the score shows, this game demands little description. The Hospital lost the toss and defended the shallow end, and took the lead right from the start. Six goals were scored in the first half—Sutton, Vartan and Edwards each contributing two—without their opponents replying. Our backs lay well up the bath, so that practically all players of both sides were in the deep end, and they never had even a chance of scoring. Towards the end of the first half one of their forwards had to leave the bath with cramp, and Halper was told off to retire in order to equalize the numbers.

In the second half their crippled member returned and played in goal; during this half there was a little more play in our half, but the general trend of affairs remained the same. The only goal to our opponents' credit was scored by Fisher, when a very short back flip to Williamson from the former was lost in a simultaneous splash, and trickled through Williamson's fingers before he properly saw it. Four more goals were added in this half, and our forwards had plenty of practice in passing and shooting, both of which were good.

The result of this match compares favourably with that of the same match last year, when we won by 6-2. The team showed good combination, and shooting was more accurate than hitherto.

*Team.*—J. C. F. Li. Williamson; J. F. Fisher, F. A. Edwards; C. K. Vartan; H. T. Halper, R. J. C. Sutton (capt.), J. H. West.

*Result.*—St. Bart.'s Hospital, 10; University College Hospital, 1

## SEMI-FINAL INTER-HOSPITAL CUP.

## ST. BARTHOLOMEW'S HOSPITAL v. LONDON HOSPITAL.

Played at Pitfield Street on Saturday, June 22nd.

This match again was not of much interest. The Hospital won the toss and defended the deep end. Sutton scored within half a minute of the start, and after this play was more even for a few minutes; West then put in a nice shot in the corner. Further goals were added by Sutton and Halper before the change-over.

Defending the deep end the Hospital had it even more their own way. Sutton obtained the ball every time, and could have scored many more times himself, but preferred to give practice to our other forwards. Our better training manifested itself towards the end of this half, and only once—due to faulty passing by our backs—did they look like scoring. Little, deputizing for Williamson in goal, had not much to do, but performed his few duties creditably with the handicap of a stiff neck (contracted in Gee Street).

Sutton was on top form, and enjoyed himself hugely in the deep end in waving the ball round his head before gently pushing it into the corner of the net, thus mesmerizing their luckless goalkeeper into a state of helpless inactivity. Vartan maintained the improved form he has shown throughout the season, while West and Halper were shooting well—particularly the former. Edwards and Fisher at back had little to do, but were at least successful in enticing their opposite numbers well up the bath.

*Team.*—G. S. R. Little; F. A. Edwards, J. F. Fisher; C. K. Vartan; J. H. West, R. J. C. Sutton (capt.), H. T. Halper.

*Result.*—St. Bart.'s Hospital, 8; London Hospital, 0.

We now meet Guy's in the final at the Bath Club on July 1st, and we have undoubtedly a better chance of winning than ever before. Needless to say, we hope for a record number of supporters at the Gala to lend us that moral encouragement which is so welcome on such an occasion.

J. F.

## ACKNOWLEDGMENTS.

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WARD, ROY, M.B., B.S. "Inoperable Carcinoma of the Breast Treated with Radium." *British Medical Journal*, February 9th, 1929.

WATKYN-THOMAS, F. W., F.R.C.S. (and MCKENZIE, DAN). "The Bacteriology of Spreading Osteomyelitis of the Skull." *Journal of Laryngology and Otology*, April, 1929.

WEBER, F. PARKES. "Hypersplenism and Hyposplenism and Splenectomy." *British Medical Journal*, April 27th, 1929.

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WELCH, T. B., M.B., D.T.M.&H. "Leprosy Work in the West Indies." *Leprosy Notes*, No. 2, July, 1928.

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WILLOUGHBY, HUGH, M.R.C.S., L.R.C.P., D.T.M.&H. (PHILIP MANSON-BARR, D.S.O., M.D., F.R.C.P., and H. W.). "A Critical Study of Undulant Fever from a Series of Six Cases in the Hospital for Tropical Diseases, London." *British Medical Journal*, April 6th, 1929.

WOOD, W. BURTON, M.A., M.D., M.R.C.P. See CHANDLER and WOOD. (June No.)

A HANDBOOK OF MIDWIFERY. By COMYNS BERKELEY, M.A., M.C., M.D.(Cantab.), F.R.C.P.(Lond.), M.R.C.S.(Eng.). 7th edition. Pp. 556. London: Cassell & Co., Ltd. Price 8s.

The seventh edition of this book is enlarged and revised, special attention having been paid to the sections dealing with ante-partum hæmorrhage, post-partum fever and the care of the child. This edition marks a change from previous editions in that the chapter on physiology and the questions and answers founded on the C.M.B. rules have been deleted and appear with certain additions in a separate form, under the title of Physiology for Pupil Midwives. There are many points in favour of this division, but it seems that the two parts as one book would have been very valuable and any slight inconvenience in size would have been amply compensated by the value of the production. We have no hesitation in recommending this book as a worthy successor to previous editions. Throughout the book the hand of the experienced teacher is seen, and there is no doubt that this work will continue to be the most popular among pupil midwives.

PHYSIOLOGY FOR PUPIL MIDWIVES. By COMYNS BERKELEY, M.A., M.C., M.D.(Cantab.), F.R.C.P.(Lond.), M.R.C.S.(Eng.). Pp. 80. Price 1s. 6d.

This small book consists of a revised edition of what formerly constituted the chapters on physiology, together with a collection of questions and answers based on the C.M.B. Rules in the author's *Handbook of Midwifery*. To this has been added a section dealing with powers, rights and responsibilities of the midwife.

ELEMENTARY MEDICINE IN TERMS OF PHYSIOLOGY. An Introduction to Clinical Work. By D. W. CARMALT JONES, M.A., M.D.(Oxon.) F.R.C.S.(Lond.), Professor of Systematic Medicine, University of Otago, N.Z., etc. (London: H. K. Lewis & Co., Ltd., 1929.) 364 pp. Price 12s. 6d.

The title of this book is a good one, and at first it promises to fulfil a widely felt need. All medical students could with advantage read a book of this scope. The first three chapters are well done, but as we proceed we note that the latter half of the title becomes more and more lost to view, and magnificent opportunities of illustrating physiological principles are allowed to pass by. The book also contains a few statements which might have been better expressed, such as on p. 87, "If the blood stagnates in the (lung) capillaries as in heart failure with dilatation, oxygen is imperfectly absorbed." Numerous observations on the arterial blood have shown that in heart failure (e. g. in mitral stenosis)  $O_2$  is taken up perfectly well from the lungs, so that the arterial blood is saturated more than normally, except where a marked degree of pulmonary oedema occurs.

We consider that the book would have been more successful if less ground had been covered, and some principles explained in greater detail.

## REVIEWS.

GYNÆCOLOGY FOR NURSES AND GYNÆCOLOGICAL NURSING. By COMYNS BERKELEY, M.A., M.C., M.D.(Cantab.), F.R.C.P. (Lond.), M.R.C.S.(Eng.). 5th Edition. Pp. 426. The Scientific Press: Faber & Gwyer, Ltd. Price 8s.

The fifth edition of this popular book has been revised and several useful additions appear, namely, information concerning X-ray therapy, the application of radium, the technique of novarsenobillon administration and blood transfusion. The book is characterized by lucid descriptions and extreme practicability. The success of any operation depends largely on nursing details—the correct preparation of the patient and operating theatre, and above all post-operative care. All these points, so often neglected, are dealt with in a very adequate manner. Without doubt this book is of great value, not only to those engaged in, but also to those teaching gynæcological nursing.

## EXAMINATIONS, ETC.

### University of Cambridge.

The following degrees have been conferred:

M.B., B.Chir.—Armstrong, J. R., Lees, J. M.

Diploma in Medical Radiology and Electrolgy.

Part II.—Wroth, C.

### University of London.

Third (M.B., B.S.) Examination for Medical Degrees, May, 1929.

Honours.—Russell, S. F. (d), Selbourne, H. A. H. (a).

(a) Distinction in Medicine.

(d) Distinction in Surgery.

*Pass.*—Donelan, C. J., Evans, C. N., Gordon, I., Preiskel, I., Robertson, I. M., Robinson, R. D., Sharples, E. M., Shaw, D., Sinclair, C. G., Smith, E. J. J., Wickramasinghe, S. A., Yip, T. C.

#### *Supplementary Pass List.*

*Group I.*—Cruden, W. V., King, J. F. L., Pagan, A. T., Sugden, K. G., Tait, C. B. V.

*Group II.*—Boyd, A. M., Robson, J. A.

#### **Royal College of Surgeons.**

The Diploma of *Fellow* has been conferred on the following:

Ainsworth-Davis, J. C., Billcliff, H. S., Burrows, H. J., Cramsie, J. H., Kenney, R. W., Lazarus, A. M., Nelson, H. P.

E. G. Muir also passed the examination, but has not yet complied with the Regulations.

The following candidates were successful at the examination held for the *Primary Fellowship* in June, 1929:

Kindersley, C. E., Partridge, G. T.

#### **Royal College of Physicians and Surgeons.**

Diplomas in *Public Health* have been granted to the following: Lynn, G. R., Starkey, H. S. C., Stewart, G. G.

The Diploma in *Tropical Medicine and Hygiene* has been conferred on the following:

Chilton, N., Cook, N. E., Nealor, W. S., Russell, S. F.

#### **L.M.S.S.A.**

The Diploma of the Society has been granted to F. W. Crossley-Holland.

#### **CHANGES OF ADDRESS.**

ANDERSON, R. S., 1, Ribblesdale Road, Hornsey, N. 8.

BRAIMBRIDGE, C. V., European Hospital, Nairobi, Kenya.

CRONK, H. L., The Castle, Winchester, Hants.

DAVIES, J. H. T., 46, Brunswick Square, Hove.

FAULDER, T. J., 37, Devonshire Place, W. 1. (Tel. Welbeck 7479.)

GAISFORD, W. F., The Children's Hospital, 500, South Kingshighway, St. Louis, U.S.A.

HANCOCK, F. T., Corner Croft, Coombe Warren, Kingston Hill.

MAPLES, E. E., Deloraine, Jersey.

#### **APPOINTMENTS.**

BURKE, Lt.-Col. G. T., M.D.(Lond.), M.R.C.P., I.M.S., appointed Professor of Medicine, King George's Medical College, Lucknow University.

DAVIES, J. Ll., M.B., B.Ch.(Camb.), F.R.C.S., appointed Consulting Urological Surgeon to the Mansfield and District Hospital.

MALEY, M. L., M.B., B.S.(Lond.), appointed Honorary Out-Patient Surgeon at the Victoria Hospital, Southend-on-Sea.

SODEN, W. N., M.D.(Lond.), appointed Medical Superintendent to Bellahouston Hospital, Glasgow.

WILLOUGHBY, H., M.R.C.S., L.R.C.P., D.T.M.&H., appointed Assistant Medical Officer and Medical Inspector of Aliens in the Port of London; appointed Clinical Assistant at the Hospital for Tropical Diseases, Endsleigh Gardens, W.C. 1.

#### **BIRTHS.**

EDMOND.—On May 29th, 1929, at 24, The Crescent, Shrewsbury, the wife of William Edmond, F.R.C.S., of a daughter.

PEARSON.—On May 26th, 1929, to Dr. and Mrs. Pearson, Holmfild, Reigate—a son.

PRIDHAM.—On June 7th, 1929, at Hillfield, Broadway, Weymouth, to Margaret, wife of Dr. J. A. Pridham—a daughter.

ROSE.—On June 11th, 1929, at Lansdowne House, Romsey, to Mabel, wife of Edward Snow Rose, M.R.C.S.—a son.

SPACKMAN.—On June 4th, 1929, at 47, Coventry Road, Market Harborough, to Kathleen (*née* Crisp), wife of Dr. E. D. Spackman—a son.

WELLS.—On May 25th, 1929, at 16, Bruton Street, W. 1, to Rhona, wife of Dr. Arthur Quinton Wells—a son.

WROTH.—On June 2nd, 1929, at Alndyke, Horley, Surrey, Violet (*née* Jenour), wife of Charles Wroth—a son.

#### **MARRIAGES.**

MALEY—LIVINGSTON.—On June 5th, 1929, at the Parish Church, Newcastle, Co. Down, by the father of the bridegroom, Malcolm Maley, M.B.(Lond.), only son of Rev. E. A. and Mrs. Maley, of Thundersley, Essex, to Mary Livingston, M.B.(Dub.), eldest daughter of Mr. and Mrs. William Livingston, of Lurgan, Co. Armagh.

PIDCOCK—GRIFFITH.—On June 1st, 1929, at Charing, Kent, Bertram Hensell Pidcock, F.R.C.S., of Winchester, to Margaret, daughter of Mr. Noel Griffith (of the Middle Temple) and Mrs. Griffith, of Burnt House Farm, Charing.

#### **DEATHS.**

FAIRBANK.—On June 9th, 1929, at Moulsey House, Windsor, Sir William Fairbank, K.C.V.O., O.B.E., Knight of Grace of the Order of St. John of Jerusalem, for 45 years Surgeon and afterwards Honorary Surgeon to the Royal Household at Windsor Castle, aged 78.

GIMSON.—On May 21st, 1929, at Springfield House, Chelmsford, William Douglas Gimson, M.R.C.S., L.R.C.P., aged 64.

HARDING.—On June 7th, 1929, at West House, Eastbourne, Sir Charles O'Brien Harding, J.P., aged 70.

KENNEDY.—On May 13th, 1929, at Alassio, William Willoughby Kennedy, M.A.(Glas.), M.B.(Lond.), D.P.H.(Camb.), M.D.(Lond.), State Medicine, aged 66.

PIERCE GROVE.—On May 3rd, 1929, at Hong Kong, Frederick Pierce Grove, M.D., D.P.H., aged 55.

SUNDERLAND.—On May 24th, 1929, Robert Archibald Slater Sunderland, M.R.C.S., L.R.C.P., of Southend-on-Sea.

#### **NOTICE.**

*All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, E.C. 1.*

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